

## ART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(703) 746-4000

**or Fax**

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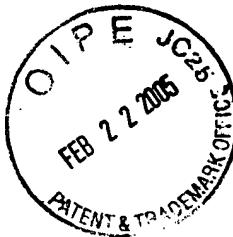
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22428

7590

11/22/2004

**FOLEY AND LARDNER**  
SUITE 500  
3000 K STREET NW  
WASHINGTON, DC 20007



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### Certificate of Mailing or Transmission

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,497	02/28/2002	Geun-Yeung Yeom	YPL-0027 C015837-0124	2173

TITLE OF INVENTION: LAYER-BY-LAYER ETCHING APPARATUS USING NEUTRAL BEAM AND ETCHING METHOD USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685 <sup>100.00</sup>	\$300	\$985 <sup>100.00</sup>	02/22/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
ALEJANDRO MULERO, LUZ L		1763	156-345350		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>FOLEY &amp; LARDNER LLP</u> 2 _____ 3 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

SUNGKYUNKWAN UNIVERSITY

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

SEOUL, KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

**4b. Payment of Fee(s):**

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is enclosed.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).

700.00 OP

300.00 OP

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date 2/22/2005

Typed or printed name William T. Ellis

Registration No. 26,874

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